



**PHYSICIAN'S STATEMENT**

**1. Patient Information**

Patient's Name: \_\_\_\_\_  
Last Name First Name MI

Patient's Account Number \_\_\_\_\_

Date patient first consulted you for this condition: \_\_\_\_\_

Diagnosis of illness, injury, or disability: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is this illness, injury or disability expected to confine the patient to this or any other Qualified Long-Term Care Facility or Hospital permanently?

YES Please complete this information as requested below:

Date of Admittance to Facility or Hospital \_\_\_\_\_

Name and Address of Facility or Hospital where patient is confined

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NO Please describe in detail:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the duration of the terminal illness indicated in Section 1 expected to result in death within twelve (12) months of the date of diagnosis?

Yes  No  Not Applicable

Note: Some terminal illness riders may allow a claim when there is a longer life expectancy. If the patient's life expectancy is longer than 12 months from the date of diagnosis, please specify duration: \_\_\_\_\_

**2. Physician's Information**

Name	Office Phone Number (     )
Address	
City/State/Zip	

**3. Physician's Certification**

\_\_\_\_\_  
 Physician's Signature

\_\_\_\_\_  
 Date

"Long-Term Care Facility" is defined as a Skilled Nursing Facility, Intermediate Care Facility or Hospital, which is located in the United States or its territories, and is licensed and operates as such according to the laws of the jurisdiction in which it is located; provides continuous, 24 hour a day nursing services by, or under the supervision of a licensed physician, a registered graduate professional nurse (R.N.), or a licensed practical nurse (L.P.N.); and maintains a daily medical record of each patient. "Long-Term Care Facility" does not mean: a place that primarily treats drug addicts or alcoholics; a home for the aged or mentally ill; a community living center, or a place that provides domiciliary, residency or retirement care; or, a place owned or operated by a member of the Annuitant's immediate family (including any spouse, children, parents, grandparents, grandchildren, siblings, or in-laws of the Annuitant).

"Hospital" is defined as a facility which: is located in the United States or its territories; is licensed as a hospital by the jurisdiction in which it is located; is supervised by a staff of licensed physicians; provides nursing services 24 hours a day by or under the supervision of, a registered nurse (R.N.); operates primarily for the care and treatment of sick and injured persons as inpatients for a charge; and has access to medical, diagnostic and major surgical facilities.

"Physician" is defined as a licensed medical doctor (M.D.), or a licensed doctor of osteopathy (D.O.) practicing within the scope of his or her license. The term "Physician" does not include the Annuitant, or a member of the Annuitant's immediate family.